

Art Experiences 2016 Registration Form

Artist: _____ **M / F** ***Age:** _____ **Birthdate:** ____/____/____
First Name M.I. Last Name Gender **5 year olds must have completed Kindergarten*

Address: _____
Street City Zip Code

Parent's Name: _____ **Birthdate:** _____ **Parent's Name:** _____ **Birthdate:** _____

Home Phone: _____ **Home Phone:** _____

Cell Phone/Carrier: _____ **Cell Phone/Carrier:** _____

E-mail Address: _____ **E-mail Address:** _____

PICK-UP AUTHORIZATIONS: I authorize only the following person(s) to pick up my child (other than parents):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

SPECIAL HEALTH CONSIDERATIONS STAFF NEED TO BE AWARE OF (allergies, physical limitations, etc.):

**Medications will not be administered at day camp without a completed Medication Release Form on file.*

PHOTO RELEASE: I grant the City of Burbank permission to use my or my child(ren)'s photographs and images for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for the use of these photographs and that these images shall be the sole property of the City of Burbank.

PARENT CONSENT: I give permission for my child to participate in the City of Burbank Park, Recreation and Community Services Department's day camp, including trips by van or bus. I agree to hold harmless the City of Burbank, its employees, officials and agents from and against any and all liability claims, demands, losses, and/or actions from injury to and/or death of persons and/or damage to property as a result of participation in day camp.

Signature of Parent/Guardian: _____ Date: _____

MEDICAL EMERGENCY TREATMENT CONSENT: As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury or illness. Consent is given for any licensed physician, surgeon, or accredited emergency unit to give medical attention, and to administer such treatment, drugs and medicines (except as noted below), and to perform such surgical procedures as he/she shall think the existing emergency requires. I further understand that the City of Burbank has no medical insurance and that I am responsible for payment of said treatment.

Signature of Parent/Guardian: _____ Date: _____

SESSION SELECTION			OFFICE USE ONLY	
Session # / Theme	Dates	Price	Check#	Receipt #
<input type="checkbox"/> 1 – It's an ART World After All	June 6-10	\$85		
<input type="checkbox"/> 2 – ARTists in Wonderland	June 13-17	\$85		
<input type="checkbox"/> 3 – Dragons, Fairies, & Mystical ARTifacts	June 20-24	\$85		
<input type="checkbox"/> 4 – The Los City of ARTlantis	June 27-July 1	\$85		
<input type="checkbox"/> 5 – ARTs & Stripes (NO CAMP JULY 4)	July 5-8	\$70		
<input type="checkbox"/> 6 – The Great ARTdoors	July 11-15	\$85		
<input type="checkbox"/> 7 – ART Across the Galaxy	July 18-22	\$85		
<input type="checkbox"/> 8 – Adventures of ARTman & the Creative Kids	July 25-29	\$85		
<input type="checkbox"/> 9 – ARTs of the Carribean	Aug 1-5	\$85		